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## \*BIBDATASHEET\*

CONFIRMATION NO. 9642

Bib Data Sheet

SERIAL NUMBER 10/034,851	FILING DATE 12/27/2001  RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. 8285-459
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\*\* CONTINUING DATA \*\*\*\*\*  
 NONE O.A.

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 NONE O.A.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 01/30/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>Olisa Anwar</i> Initials: <i>O.A.</i>	STATE OR COUNTRY IL	SHEETS DRAWING 9	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
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ADDRESS  
 BRINKS HOFER GILSON & LIONE  
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TITLE  
 Method and system for providing enhanced caller identification information including total call control for all received calls

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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